

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
 ADDRESS: 3000 ARCTIC BLVD.
 ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR (SUBR 02)
 F - FINAL

Form Approved
 OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF---301 (H)
 LOCATION: ANCHORAGE, AK 99502
 ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM 05 | 10 | 01 TO 05 | 10 | 31

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	14.9	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.0	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	1.2	*****	*****	(19)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	46981	*****	(26)	*****	232	*****	(19)	N/A	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	33624	(26)	*****	*****	168	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	28134	31859	(26)	*****	139	151	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/WEEK	COMP 24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.4	(12)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
J. Kris Warren
 Manager, Treatment Division
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREDN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

RECEIVED
 NOV 14 2005
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 U.S. EPA REGION 10
 OFFICE OF COMPLIANCE AND ENFORCEMENT

TELEPHONE DATE
 (907)564-2799 05/11/08
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning and approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

Forms by WindowChem(707)864-0845;p/n11090;v.01:4/1/96. Rev. 1/05, BN

PCS 11/16/05

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
 ADDRESS: 3000 ARCTIC BLVD.
 ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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MAJOR
 (SUBR 02)
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MONITORING PERIOD

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FACILITY: JOHN M. ASPLUND WWTF—301 (H)
 LOCATION: ANCHORAGE, AK 99502
 ATTN: MARK PREMO P.E. GEN MGR. AWWU

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	7.5	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	49780	*****	(26)	*****	246	*****	(19)	N/A	FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	13449	(26)	*****	*****	68	(19)	0	FOUR/WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10964	11350	(26)	*****	54	57	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	20.0	*****	(19)	N/A	ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	185	*****	(30)	1	THREE/WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	24.401	*****	(03)	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
31615 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)										
J. Kris Warren	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								TELEPHONE	DATE	
Manager, Treatment Division	NOV 9 2005								(907)564-2799	05/11/08	
TYPED OR PRINTED	AREA CODE NUMBER								YEAR MO DAY		

RECEIVED
 NOV 9 2005

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Two samples during October 2005 exceeded 2600 FC MPN/100 mL, which exceeds the 10% limit. The monthly average permit limit of 850 FC MPN/ 100 mL was not exceeded. Letter of explanation attached.

U.S. EPA REGION 10

Forms by WindowChem(707)864-0845;p/n11099;v5.01;4/1/98. Rev. 1/06, BN

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.7	(19)	0	EVERY 3 HRS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	40	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	78	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD

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J. Kris Warren
 Manager, Treatment Division
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TELEPHONE: (907)564-2799
 DATE: 05/11/08
 AREA CODE NUMBER: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Municipality of Anchorage

3000 Arctic Blvd • Anchorage, Alaska 99503-3898 • Telephone (907) 786-5671 • Fax (907) 786-5681
http://www.muni.org • http://www.awwu.biz



Mayor Mark Begich

Anchorage Water & Wastewater Utility Treatment Division

November 7, 2005

U.S. Environmental Protection Agency, Region 10
NPDES Compliance Unit
1200 Sixth Avenue, OW-133
Seattle, Washington 98101

**Subject: Fecal Coliform Exceedance
NPDES Permit No. AK-002255-1**

The John M. Asplund Water Pollution Control Facility has a fecal coliform limit that reads "Not more than 10% of the samples shall exceed 2600 FC MPN/ 100 mL." Two samples during October 2005 exceeded 2600 FC MPN/100 mL, which exceeds the 10% limit. The monthly average permit limit of 850 FC MPN/ 100 mL was not exceeded.

October 8, 2005:	16000 FC MPN/100 mL
October 24, 2005:	≥24000 FC MPN/100 mL

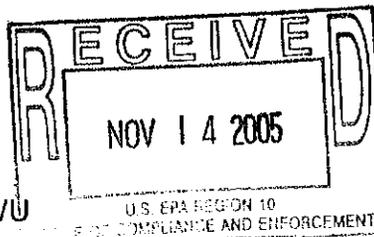
The wastewater had unusual chlorine demand swings this month, despite the absence of large precipitation events, making it quite challenging to find the optimum chlorine feed controller set point. We utilized a spreadsheet to evaluate set point, chlorine residual and coliform test results in an effort to anticipate the optimum set point for adequate fecal coliform kill. During October we made nine set point adjustments. Our goal is to set the chlorine feed high enough to get adequate fecal coliform kill without exceeding chlorine residual permit limits.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

I can be contacted at (907) 564-2799 should you have any questions.

Sincerely,

J. Kris Warren
Manager, Treatment Division - AWWU



Cc: Alaska Department of Environmental Conservation, Division of Air & Water Quality
John F. Knue Jr. (Jack), General Foreman, John M. Asplund WPCF - AWWU

Community, Security, Prosperity

ASPLUND

Wastewater Treatment Facility

Monitoring Period

2005

JANUARY

JULY

FEBRUARY

AUGUST

MARCH

SEPTEMBER

APRIL

OCTOBER

MAY

NOVEMBER

JUNE

DECEMBER